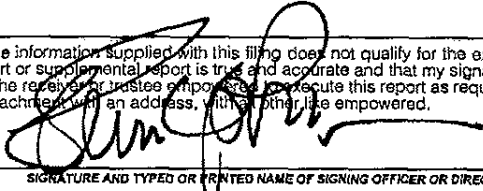


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # M54454 1. Entity Name GULF SOUTH FOREST PRODUCTS, INC.		
Principal Place of Business 3038 N. FEDERAL HIGHWAY BUILDING L FORT LAUDERDALE, FL 33306 US		Mailing Address P.O. BOX 39299 FORT LAUDERDALE, FL 33339 US
DO NOT WRITE IN THIS SPACE		
		 01262006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0002925		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent YOHANAN, SAM 3038 NORTH FEDERAL HIGHWAY BUILDING L FORT LAUDERDALE, FL 33306		
		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		02/20/06-80059-012 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DCT YOHANAN, SAM 3038 N FED HWY BLDG L FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPS YOHANAN, JOHN 3038 N FEDERAL HWY BLDG L FORT LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another line empowered.		
SIGNATURE: 		2/6/06 954-565-834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #